

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)? No

Number of Copies of CRF::

Title:: PROCESS FOR MAKING A SHEET OF
ARAMID FIBERS USING A FOAMED MEDIUM

Attorney Docket Number:: 013400-198

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?: No

Latin Name::

Variety Denomination Name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.? No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Homan
Middle Name:: B.
Family Name:: KINSLEY
Name Suffix:: Jr.
City of Residence:: Bohannon
State or Province of Residence:: VA
Country of Residence::
Street of Mailing Address:: General Delivery
City of Mailing Address:: Bohannon
State or Province of Mailing Address:: VA
Country of Mailing Address:: 23021
Postal or Zip Code of Mailing
Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Christopher
Middle Name:: B.
Family Name:: PEART
Name Suffix::
City of Residence:: Westhampton
State or Province of Residence:: MA
Country of Residence::
Street of Mailing Address:: 39 Loudville Road, Westhampton, MA 001027

City of Mailing Address:: Westhampton
State or Province of Mailing Address:: MA
Country of Mailing Address::
Postal or Zip Code of Mailing 01027
Address::

Correspondence Information

Correspondence Customer Number:: 21839
Phone Number:: (703) 836-6620
Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name::	FiberMark, Inc.
Street of Mailing Address::	P.O. Box 498
City of Mailing Address::	Brattleboro
State or Province of Mailing Address::	VT
Country of Mailing Address::	
Postal or Zip Code of Mailing Address::	05302